



CENTER OF EXCELLENCE
IN DISASTER MANAGEMENT
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**ASIA-PACIFIC DISEASE OUTBREAK
/SURVEILLANCE REPORT**

Week of Mar 28, 2005

AUSTRALIA

Australian Soldiers Cleared of Leptospirosis but Diagnosed with Scrub Typhus

Fourteen North Queensland soldiers thought to have contracted leptospirosis have been cleared of the disease. Leptospirosis is a bacterial disease that can lead to kidney damage, meningitis, liver failure, and respiratory distress. A third round of blood tests on the 14 Townsville-based soldiers came back negative. The soldiers actually suffered from a bacterial disease called scrub typhus, which cause symptoms similar to dengue fever. This change in diagnosis illustrates the relatively nonspecific nature of many infections. Initially thought to be leptospirosis, the serologic diagnosis of scrub typhus was made. Scrub typhus is spread to humans as a zoonosis by the bite of the larval stage of trombiculid mites (chiggers). The organism, *Rickettsia tsutsugamushi*, or *Orientia tsutsugamushi*, is known to cause disease in eastern Asia and in the western Pacific.

Source:

· ABC.net.au, Mar 24, 2005, <http://www.abc.net.au/news/items/200503/1331428.htm?northq>

· Promed Mail, Mar 29, 2005,

http://www.promedmail.org/pls/askus/f?p=2400:1001:2733029590374850187::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,28515

10 Cases of Melioidosis This Year in Queensland, Australia

So far in 2005, there have been 10 cases of Melioidosis in north Queensland (population approximately 597 000). From 2000, the number of cases in the region has ranged from a minimum of three to a maximum of 14. Only three cases this year have been in Indigenous (i.e., Aboriginal) people. There have been three deaths this year, but one of these was a very elderly person, and the other had a terminal malignancy. The out-of-state visitor (a diabetic) was hospitalized in north Queensland and died from an overwhelming melioidosis pneumonia/septicemia on the second day after being hospitalized.

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Source:

· Promed Mail, Mar 26, 2005, http://www.promedmail.org/pls/askus/f?p=2400:1001:2733029590374850187::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,28477

CAMBODIA**Cambodia Confirms Second Case of Avian Influenza**

The Cambodian Ministry of Health has confirmed the country's second human case of Avian Influenza. The 28-year-old man, from Kampot Province, developed symptoms on 17 March, was hospitalized in Phnom Penh on 21 March, and died on 22 March. Laboratory tests by the Pasteur Institute in Phnom Penh confirmed the man was infected with H5 Avian Influenza virus. The deceased man had contact with sick poultry. An 18 year-old boy initially identified as a suspected case has tested negative for the virus. Samples taken from 27 other people, including family contacts of the confirmed case and medical staff involved in his care, have tested negative for Avian Influenza infection. Cambodia's previous case, a 25-year-old woman who died in late January, was also from Kampot Province but lived in another district.

Source:

· WHO Communicable Disease Surveillance & Response (CSR), Mar 29, 2005, http://www.who.int/csr/don/2005_03_29b/en/

INDIA**Cholera Outbreak in Maharashtra, India**

The state government, responding to a cholera and gastroenteritis outbreak in the Pune and Sangli districts of Maharashtra (western-central India), launched emergency measures to control the outbreaks. Approximately 500 cholera and gastroenteritis patients in Sangli were admitted to government and private hospitals for treatment. The state health authorities have initiated a door-to-door awareness program, educating people in epidemic-affected areas on prevention measures, checking people for jaundice symptoms (there is also an Hepatitis outbreak in the state of Majorashtra), and providing information about medical and water purification centers.

Source:

· ArabNews.com, Mar 28, 2005, <http://www.arabnews.com/?page=4&ion=0&article=61185&d=28&m=3&y=2005>
· Promed Mail, Mar 28, 2005, http://www.promedmail.org/pls/askus/f?p=2400:1001:2733029590374850187::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,28503

Hepatitis E Outbreak in Maharashtra, India

A jaundice outbreak in Maharashtra, India (western-central India) has spread from Baramati to Pune, with 67 people from Alandi infected by drinking contaminated water. The outbreak is due to leakage in drainage lines contaminating the drinking water supply that runs parallel to the drainage pipelines. Jaundice cases in Baramati (population 50 000) have increased to 348. Local municipal council officials have now

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repaired the faulty lines and have started releasing water on a trial basis. The National Institute of Virology (NIV) has identified Hepatitis E virus (HEV) as the cause of the epidemic.

Source:

· Pune newslsine, Mar 27, 2005, <http://cities.expressindia.com/fullstory.php?newsid=122771>
· Pune Newslsine, Mar 28, 2005, <http://cities.expressindia.com/fullstory.php?newsid=122879>
· Promed Mail, Mar 29, 2005, http://www.promedmail.org/pls/askus/f?p=2400:1001:2733029590374850187::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,28513

Outbreaks Hepatitis A and E in Hyderabad (Andhra Pradesh), India

Over the past week more than 100 cases of Hepatitis have been reported from a small area of Hyderabad in Andhra Pradesh (eastern-central India). The patients have been diagnosed with hepatitis A and E. Government doctors are now going door to door in that area to educate people on preventing and curing jaundice and also appealing to residents to report any suspected case. Hepatitis A and Hepatitis E are caused by unrelated enteric viruses. Outbreaks of infection by these viruses are indicative of defects in the domestic water supply or of sewage contamination of the environment. Both viruses cause non-persistent infections which rapidly resolve. Hepatitis E is the more serious infection, the virus appears to be more prevalent in India than elsewhere.

Source:

· NDTV online, Mar 27, 2005, <http://www.ndtv.com/template/template.asp?template=Health&slug=Jaundice+outbreak+declared+an+epidemic&id=16562&callid=0&category=National>
· Promed Mail, Mar 28, 2005, http://www.promedmail.org/pls/askus/f?p=2400:1001:2733029590374850187::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,28498

PHILIPPINES

Philippines Making Progress Toward TB Goals Despite High Prevalence

Despite the high prevalence of tuberculosis in the Philippines, the country is still on track to meet the target for treating the disease, according to the World Health Organization. In a report titled "Global Tuberculosis Control: Surveillance, Planning, Financing," the WHO said that the Philippines achieved full DOTS [the internationally recommended strategy] coverage in 2003, has met the global target for treatment success in each of the past four years and is coming close to the target for case detection. According to the latest WHO estimates, the Philippines ranked ninth in TB incidence in the world with 237,000 cases of TB a year. India ranked first with 1.7 million a year, followed by China, Indonesia, Nigeria, Bangladesh, Pakistan, Ethiopia and South Africa.

Source:

· The Manila Times, Mar 29, 2005, http://www.manilatimes.net/national/2005/mar/29/yehey/top_stories/20050329top6.html

Increasing Number of TB Cases Alarming Doctors in Cordillera, Philippines

The increasing number of tuberculosis cases in the Cordillera (northern Philippines) is

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more alarming than meningococemia that struck this city late last year, according to the Department of Health regional office. Tuberculosis cases in the Cordillera region totaled 1,582 in 2004 while 71 meningococemia cases were recorded from September last year to March. A total of 1.8 million people worldwide die of tuberculosis every year. In the Philippines, 75 Filipinos die of the disease everyday. At least 100,000 new TB cases are diagnosed annually.

Source:

· INQ7.net news, Mar 30, 2005, http://news.inq7.net/regions/index.php?index=1&story_id=32033

VIETNAM

North Vietnam Reports 1,100 German Measles Infections

Following an outbreak in southern Ho Chi Minh City infecting about 800 people between November 2004 and mid-March 2005, about 1,100 people in North Vietnam are infected with rubella, also known as German measles. Health authorities in the country are increasing vaccination efforts, especially among women, but supplies of the vaccine reportedly are running low in Ho Chi Minh City. Vietnam recorded 350 confirmed rubella cases in 2004, with another 399 suspected infections.

Source:

· National Network for Immunization Information, Mar 28, 2005, http://www.immunizationinfo.org/pressroom/newsbriefs_detail.cfv?id=11144

Three Additional Cases of Avian Influenza Confirmed in Vietnam

The Ministry of Health in Viet Nam has confirmed three additional cases of human infection with H5N1 Avian Influenza. The cases concern a 5-year-old boy from the central province of Quang Binh, a 17-year-old girl from the northern province of Nam Dinh, and a 40-year-old woman from the northern province of Quang Ninh. The 17-year-old girl has died. An earlier case has also been confirmed. These recently confirmed cases bring the total in Viet Nam since mid-December to 28. WHO is following reports of suspected H5 avian influenza infection in five members of a family who are presently hospitalized in the northern port city of Haiphong. These cases, which include the parents and their three young daughters, are undergoing further investigation following initial tests indicating infection with the H5 subtype of Avian Influenza.

Source:

· WHO Communicable Disease Surveillance & Response (CSR), Mar 29, 2005, http://www.who.int/csr/don/2005_03_29b/en/

Other World News

PAKISTAN

National Campaign in Pakistan to Treat Acute Diarrhea

Pakistan's National Commission for Human Development (NCHD) has initiated a national campaign to treat acute diarrhea with Oral Rehydration Solution (ORS).

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Diarrhea causes approximately 30% of all deaths in children ages five and under across Pakistan, mostly in remote rural areas. The main objective is to train one woman from every household to prepare and administer oral rehydration solutions. Nearly 6.7 million women in 45 districts will be trained over the next three years. The World Health Organization (WHO) has identified ORS as the single most effective life-saving solution in diarrhea-related diseases to retain the loss of water from the body. The strategy was designed to decrease mortality due to diarrhea.

Source:

· IRIN News, Mar 31, 2005, <http://www.irinnews.org/report.asp?ReportID=46402&SelectRegion=Asia&SelectCountry>

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